

		FOR BHF USE			

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000011

Facility Name: Victory Centre of Park Forest

Address: 101 Main Street Park Forest 60466

Number City Zip Code

County: Cook

Telephone Number: (708) 283-2921 Fax #

Federal Employer ID Number: 36-4270870

Date Current Owners were Certified: 3/19/2002

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input checked="" type="checkbox"/>	Other		Limited Partnership

In the event there are further questions about this report, please contact:

Name: Steve Lavenda Telephone Number: (847) 236 - 1111

Email Address: slavenda@frronline.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2010 to 12/31/2010 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

Officer or Administrator of Provider

(Signed) (Date)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title) Steven N. Lavenda, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C.  
111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

MAIL TO: BUREAU OF HEALTH FINANCE  
IL DEPT OF HEALTHCARE AND FAMILY SERVICES  
201 S. Grand Avenue East  
Springfield, IL 62763-0001 Phone # (217) 782-1630

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	1	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	67	Single Unit Apartment	67	24,455	1
2	12	Double Unit Apartment	12	4,380	2
3		Other			3
4	79	TOTALS	79	28,835	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	23,543	1,731		25,274	5
6	Double Unit	968	71		1,039	6
7	Other					7
8	TOTALS	24,511	1,802		26,313	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.25%

D. Indicate the number of paid bed-hold days the SLF had during this year

0 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 0 (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

G. List all services provided by your facility for non-residents.

(E.g., day care, "meals on wheels", outpatient therapy)

N/A

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/2010 Fiscal Year: 12/31/2010

\* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? No If yes, did the facility make all of the required payments of interest and principle? N/A

If no, explain. N/A

## STATE OF ILLINOIS

Page 3

Facility Name: Victory Centre of Park Forest

Report Period Beginning:

1/1/2010

Ending: 12/31/2010

## IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	140,893	83,914	135,247	360,054	(9,639)	350,415	1
2	Housekeeping, Laundry and Maintenance	108,445	28,642	70,650	207,737	122	207,859	2
3	Heat and Other Utilities			93,117	93,117	393	93,510	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	249,338	112,556	299,014	660,908	(9,124)	651,784	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	374,173	808	1,802	376,783		376,783	6
7	Activities and Social Services	12,949	3,309	5,016	21,274	142	21,416	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	387,122	4,117	6,818	398,057	142	398,199	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	183,543	32,787	422,693	639,023	(178,465)	460,558	10
11	Marketing Materials, Promotions and Advertising	56,994	149	25,572	82,715	28,531	111,246	11
12	Employee Benefits and Payroll Taxes			149,544	149,544	16,946	166,490	12
13	Insurance-Property, Liability and Malpractice			26,787	26,787	919	27,706	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	240,537	32,936	624,596	898,069	(132,069)	766,000	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	876,997	149,609	930,428	1,957,034	(141,051)	1,815,983	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			329,614	329,614	134,578	464,192	17
18	Interest			350,032	350,032	(17,673)	332,359	18
19	Real Estate Taxes			21,340	21,340		21,340	19
20	Rent -- Facility and Grounds			96	96	8,943	9,039	20
21	Rent -- Equipment			1,985	1,985	55	2,040	21
22	Other (specify):			32,155	32,155		32,155	22
23	<b>TOTAL Ownership</b>			735,222	735,222	125,903	861,125	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	876,997	149,609	1,665,650	2,692,256	(15,148)	2,677,108	24

Report Period Beginning:

1/1/2010

Ending:

12/31/2010

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Non-Straight Line Depreciation	\$ 129,982	17	1
2	Guest Meals	(650)	01	2
3	Employee Meals	(1,167)	01	3
4	Unidine Adjustment	(7,822)	01	4
5	Maintenance Fees	(15)	02	5
6	Other Income	(255)	10	6
7	Bank Service Charges	(3,050)	10	7
8	Late Fees/ Finance Charges	(31)	10	8
9	Charitable Contributions	(1,528)	10	9
10	Resident Gifts	(379)	10	10
11	Bad Debt	(75,159)	10	11
12	Interest- Other	(17,093)	18	12
13	Asset Management Fee	(5,000)	10	13
14	Interest Income- Escrows	(564)	18	14
15	Interest Income	(16)	18	15
16				16
17				17
18				18
19	PATHWAY MANAGEMENT LLC:			19
20	Maintenance	66	02	20
21	Utilites	325	03	21
22	Administrative & Clerical	66,573	10	22
23	Marketing Materials	25,242	11	23
24	Insurance	919	13	24
25	Employee Benefits	10,213	12	25
26	Office Rent	6,923	20	26
27	Equipment Rental	17	21	27
28				28
29				29
30	PATHWAY SENIOR LIVING LLC:			30
31	Maintenance	71	02	31
32	Utilites	68	03	32
33	Activites	142	07	33
34	Administrative & Clerical	2,491	10	34
35	Marketing Materials	3,289	11	35
36	Employee Benefits	6,733	12	36
37	Depreciation	4,596	17	37
38	Office Rent	2,020	20	38
39	Equipment Rental	38	21	39
40	Management Fees	(162,127)	10	40
41				41
42				42
43				43
44				44
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96			96
97			97
98			98
99			99
100			100
101	Total	(15,148)	101

Facility Name: Victory Centre of Park Forest

Report Period Beginning 1/1/2010 Ending: 12/31/2010

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 25.22	1
2	Licensed Practical Nurses	1.76	20.53	2
3	Certified Nurse Assistants	11.83	10.02	3
4	Activity Director & Assistants	0.46	13.46	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	7.31	9.27	7
8	Dishwashers			8
9	Maintenance Workers	2.61	13.45	9
10	Housekeepers	1.87	9.10	10
11	Laundry			11
12	Managers			12
13	Other Administrative	3.55	24.87	13
14	Clerical			14
15	Marketing	1.11	24.65	15
16	Other			16
17	Total (lines 1 thru 16)	31.50	\$ 13.38	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3?

YES ☐ NO ☒

Name of related entity: N/A If yes, what is the value of those services? \$ N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☒ NO ☐

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1	Brian Cloch	29%		\$	1
2	Jerry Finis	29%			2
3	Robert Helle	13%			3
4	E. Keledjian	29%			4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$	1
2			2
Total		\$	3

Facility Name: Victory Centre of Park Forest Report Period Beginning: 1/1/2010 Ending: 12/31/2010

VIII. OWNERSHIP COSTS

A. Purchase price of land 146,208 Year land was acquired 2002

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. \*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	79		2002	2002	\$ 7,210,303	\$ 329,614	28	\$ 257,511	\$ (72,103)	\$ 2,255,137	1
2											2
3											3
4	Allocated From Pathway Senior Living, LLC					4,596			(4,596)		4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				195,297			9,765	9,765	23,759	6
7	Various			2002	323,939		20	145,773	145,773		7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,729,539	\$ 334,210		\$ 413,048	\$ 78,838	\$ 2,278,895	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 511,433	\$	\$ 51,143	51,143	10	\$ 415,421	18
19	Vehicles					5	-	19
20	TOTAL (lines 18 and 19)	\$ 511,433	\$	\$ 51,143	51,143		\$ 415,421	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

STATE OF ILLINOIS

Facility Name & ID Number    Victory Centre of Park Forest

Report Period Beginning:                      1/1/2010    Ending:                      12/31/2010

**XI. OWNERSHIP COSTS (continued)**

**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1 Improvement Type**		3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2	<a href="#">Entrance Canopy</a>	2003	1,892		20	95	95	757	2
3	<a href="#">Flagpole</a>	2003	1,570		20	79	79	628	3
4	<a href="#">Outdoor Sign</a>	2003	3,225		20	161	161	1,290	4
5	<a href="#">Carpeting</a>	2006	3,462		20	173	173	866	5
6	<a href="#">Carpeting</a>	2006	9,587		20	479	479	2,397	6
7	<a href="#">Nursing Call System Phone</a>	2007	1,495		20	75	75	299	7
8	<a href="#">A/C Compressor</a>	2008	6,872		20	344	344	859	8
9	<a href="#">Water Heaters</a>	2008	16,650		20	833	833	1,666	9
10	<a href="#">Flooring</a>	2009	55,541		20	2,777	2,777	5,554	10
11	<a href="#">Painting</a>	2009	41,240		20	2,062	2,062	4,124	11
12	<a href="#">Air Handler</a>	2009	20,293		20	1,015	1,015	2,029	12
13	<a href="#">Asphalt Patching</a>	2009	15,890		20	795	795	1,589	13
14	<a href="#">Landscaping</a>	2009	16,450		20	823	823	1,645	14
15	<a href="#">Dining Room - Drywall</a>	2010	1,130		20	57	57	57	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33	<a href="#">Total Book Depreciation</a>								33
34	<b>TOTAL (lines 1 thru 33)</b>		\$ 195,297	\$		\$ 9,765	\$ 9,765	\$ 23,759	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2010

Ending: 2/31/2010

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☐ YES ☒ NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5	Storage Rental			/ /	96			5
6	Allocated from Pathway SL and Pathw			/ /	8,943			6
7	TOTAL				\$ 9,039			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 2,040

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Red Mortgage Capital		X	1st Mortgage	5/31/07	\$ 5,500,000	\$ 5,324,093	4/1/42	6.1600	\$ 329,789	1
2	IHDA		X	2nd Mortgage	11/4/02	500,000	184,737	/ /	1.0000	3,150	2
3	Red Mortgage Capital		X	3rd Mortgage	/ /		182,276	/ /			3
	Working Capital										
4	Pathway Development		X	Loan	/ /		402,197	/ /	Prime + 1%		4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,000,000	\$ 6,093,303			\$ 332,939	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-580	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,000,000	\$ 6,093,303			\$ 332,359	10

\* If there is an option to buy the building, please provide complete details on an attached schedule.

\*\* If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

## STATE OF ILLINOIS

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Facility Name: **Victory Centre of Park Forest**Report Period Beginning: **1/1/2010**Ending: **12/31/2010****XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2010**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 952,417	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance )	194,235		3
4	Supply Inventory (priced at )	5,419		4
5	Short-Term Investments			5
6	Prepaid Insurance	32,103		6
7	Other Prepaid Expenses	13,972		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <a href="#">See Attached</a>	508,185		9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,706,331	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	146,208		13
14	Buildings, at Historical Cost	7,210,303		14
15	Leasehold Improvements, at Historical Cost	340,389		15
16	Equipment, at Historical Cost	726,987		16
17	Accumulated Depreciation (book methods)	(3,043,039)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <a href="#">See Attached</a>	40,636		23
24	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 5,421,484	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 7,127,815	\$	25

\*(See instructions.)

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 27,891	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	57,608		29
30	Accrued Salaries Payable	65,584		30
31	Accrued Taxes Payable	125,564		31
32	Accrued Interest Payable	214,409		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36	<a href="#">See Attached</a>	133,820		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 624,876	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	6,035,695		39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$ 6,035,695	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 6,660,571	\$	45
46	<b>TOTAL EQUITY</b>	\$ 467,244	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 7,127,815	\$	47

Facility Name: Victory Centre of Park Forest

Report Period Beginning: 1/1/2010

Ending:

12/31/2010

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 2,765,739	1
2	Discounts and Allowances		2
	<b>SUBTOTAL Resident Care</b>		
3	(line 1 minus line 2)	\$ 2,765,739	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	9,639	9
10	Laundry		10
	<b>SUBTOTAL OTHER OPERATING REVENUE</b>		
11	(sum of lines 4 thru 10)	\$ 9,639	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	580	13
	<b>SUBTOTAL Non-Operating Revenue</b>		
14	(sum of lines 12 and 13)	\$ 580	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached	58,712	15
16			16
	<b>SUBTOTAL Other Revenue</b>		
17	(sum of lines 15 and 16)	\$ 58,712	17
	<b>TOTAL REVENUE</b>		
18	(sum of lines 3, 11, 14 and 17)	\$ 2,834,670	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	660,908	19
20	Health Care/ Personal Care	398,057	20
21	General Administration	898,069	21
	<b>B. Capital Expense</b>		
22	Ownership	735,222	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	<b>TOTAL EXPENSES</b>		
28	(sum of lines 19 thru 27)	\$ 2,692,256	28
	<b>Income Before Income Taxes</b>		
29	(line 18 minus line 28)	\$ 142,414	29
30	<b>Income Taxes</b>	\$	30
	<b>NET INCOME OR LOSS FOR THE YEAR</b>		
31	(line 29 minus line 30)	\$ 142,414	31